

**ARMY NATIONAL GUARD
BAR TO REENLISTMENT, IMMEDIATE REENLISTMENT OR EXTENSION (CERTIFICATE)**

The proponent agency is NGB-ARH. The prescribing directive is NGR 600-200.

PRIVACY ACT STATEMENT

1. **AUTHORITY:** Title 5 USC Section 301 and Executive Order 9397.
2. **PURPOSE:** Used to serve notice that a Soldier is not a candidate for reenlistment, immediate reenlistment or extension. The original will be maintained in the Soldiers Official Military Personnel File or electronically filed in a DoD approved system. A copy will be maintained by the MILPO for state records. For organizational use only.
3. **ROUTINE USES:** None.
4. **DISCLOSURE:** Voluntary; However, if SSN is not provided you will not be accepted for this reenlistment option in the Army National Guard.

Thru:

To:

From:

SECTION I - COMMANDER'S RECOMMENDATION

Under the provisions of NGR 600-200, I recommend the soldier named below be barred from reenlistment or extension in the Army National Guard for reasons indicated in items 1 through 4 as may be applicable. Prior to submission of this recommendation, the soldier was counseled by the undersigned about his or her undesirable traits, which are the basis for this action. The soldier has been counseled and advised of the adverse consequences that may result from this bar.

Name: *(Last, First, Middle)*

SSN:

Rank:

ETS:

Total active plus inactive service at ETS from PEBD: years months days

1. Record of Court-Martial Convictions or Convictions Under State Military Code: *(show offense, sentence, date, and any appeal action)*

2. Record of Non-Judicial Punishment or Punishment Under State Military Code: *(show offense, sentence, date, and any appeal action)*

3. Record of Absent Without Leave (AWOL), Misconduct, Inefficiency, Unsatisfactory Participation and Performance: *(show dates of counseling and results)*

4. Other Factual and Relevant Indicators of Untrainability or Unsuitability: *(show dates of counseling and results)*

AUTHENTICATION

Name, Grade, and Branch of Immediate Commander: *(Or Commander initiating this recommendation)*

Signature & Date:

SECTION II - SOLDIER'S REVIEW

(Initial each statement that applies)

- _____ 1. I have been furnished a copy of my Commander's Recommendation to bar me from further reenlistment and extension.
- _____ 2. I have been counseled and advised of the basis of this action.
- _____ 3. I ____ DO ____ DO NOT desire to submit a statement in my own behalf. If I wish, I may make separate statements and attach them as enclosures.

Name: (Last, First, Middle)

SSN:

Rank:

Signature:

SECTION III - BATTALION OR NEXT HIGHER COMMAND

Thru:

To:

From:

I have reviewed Sections I and II and recommend that:

- ☐ The soldier be barred from reenlistment and extension.
- ☐ The bar certificate is hereby DISAPPROVED.
- ☐ The bar certificate is hereby APPROVED.

The unit commander will officially counsel the soldier in writing on the implications of this action and the soldier's right to appeal.
After counseling, the soldier will be provided one copy, and the original will be maintained in the soldier's Official Military Personnel File or electronically filed in a DoD approved system.

Name, Grade, and Branch of Approving Official:

Signature & Date:

INSTRUCTIONS

1. If more space is needed per item, continue on a separate sheet and identify as an enclosure to NGB Form 602-R.
2. After completion of Section I by the unit commander, the recommended bar will be referred to the soldier for a statement in his or her own behalf and for the completion of Section II. The soldier will be allowed one month for the preparation of his or her statement and collection of any pertinent documents.

ENCLOSURES